



NEW YORK OFFICE 451 – 453 WASHINGTON ST.

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18 JEFFREYS ROAD, CLAPHAM ROAD

"The man of science has learned to believe not by faith, but by verification."

-Huxley.

ANTIPHLOGISTINE

An External Application

for

AND CONGESTION

Composition

Antiphlogistine is composed of chemically pure glycerine, boric acid, salicylic acid, iron carbonate, peppermint, gaultheria, eucalyptus and iodine, combined with the base, de-hydrated silicate of alumina and magnesia.

Description of Properties

Antiphlogistine is a perfectly harmless, soft and pliable, non-irritating, non-toxic, soothing and antiseptic poultice and surgical dressing always ready for immediate use, possessing hygroscopic, nutrient, exosmotic, endosmotic and indirectly anodyne and hypnotic properties.

Indications

Antiphlogistine can be relied upon to do good in any and all cases where a local medicine is indicated. It is easily applied and removed, does far more good than hot poultices, blisters, mustard drafts, camphorated oils, hot stupes, etc., and without irritation or inconvenience.

Directions

(Keep free from water.)

Warm, then spread about an eighth of an inch (the thicker the better) on the skin over the inflamed part and cover with cotton or heavy cloth. It is sometimes more convenient, especially where the part to be dressed is sensitive, to first spread on cloth, then apply gently. In from 12 to 36 hours it will peel off nicely like the peel from a banana.

Much depends upon properly applying. In mild bronchial affections the chest only need be dressed; in inflammation of the bowels the entire abdomen should be covered; in affections of the joints it should be applied ABOUT the joint and several inches above and below; in leg ulcers the indurated and swollen tissues should be covered, and in double pneumonia the entire thoracic walls.

ANTIPHLOGISTINE

The theory of Antiphlogistine's action is based largely upon these truths: In inflammatory diseases the circulation of the blood in some part or parts is sluggish—there is more or less congestion somewhere; inflammation of every kind is largely, if not entirely, due to bacterial infection; at least three-fourths of the weight of the body is fluid—water; as a magnet has affinity for a bit of steel, so Antiphlogistine has affinity for moisture; Antiphlogistine accomplishes its work through reflex action and through dialysis, the latter including the processes of ex- and endosmosis.



THIS CUT IS INTENDED TO CONVEY THE IDEA THAT THE ANTIPHLOGISTINE SHOULD BE APPLIED TO THE ENTIRE THORACIC WALLS—FRONT, BACK AND SIDES—FOR DOUBLE PREUMONIA.

Applied warm and thick (the thicker the better), maintains a uniform degree of heat for from twelve to twenty-four hours or more, provokes an abundant flushing of the capillaries, through exosmosis a profuse serous transudation evidenced in nearly every case by an accumulation of moisture beneath that part of the dressing where the congestion or inflammatory condition is most pronounced. Thus congestion, always present in pneumonia, pleurisy, peritonitis and inflammation of other internal organs, is speedily overcome and the patient, promptly relieved from pain, is started

"Praise from a friend or censure from a foe Are lost on hearers that our merits know."-



Showing Antiphlogistine and Cotton Jacket complete as would be indicated in Double Pneumonia.

upon a protracted state of well-being and is soon sleeping a natural recuperative sleep, which generally lasts for seven or eight hours and often marks the beginning of convalescence. It is no longer proper to treat boils, felons and other localized inflammations with the old-time bacterial-breeding flaxseed and other sceptic poultices. Antiphlogistine being antiseptic and soothing, is well adapted to sensitive and abraded surfaces and forms an impervious dressing, protects the affected parts from external septic influences, rapidly draws out or absorbs the liquid exudate from the swollen

and sensitive tissues, thus permitting the restoration of the circulation of the blood—the source of nourishment to all the cells of the body—relieving the pain, heat and swelling and through endosmosis exerting a stimulating alterative tonic and soothing effect upon the affected cells, lymphatics and other tissues.

Advantages

First.—Antiphlogistine combines all the good qualities of the old-time poultices, blisters, counter-irritants and liniments and has none of their objectionable features.

Second.—It is neat and clean (not greasy), is certain to do good and cannot do harm, is easily applied, stays exactly where it is put, works persistently and continuously for from twelve to thirty-six hours, whether the patient is awake or asleep, and, finally, comes off nicely, leaving the parts soft and clean.

Third.—It modifies favorably and in a scientific manner the essential conditions present in all cases, acute or chronic, where inflammation or congestion is a factor. Rapid amelioration of the symptoms immediately follows its application.

Fourth.—It abstracts from the tissues over which it is placed, the inflammatory liquid exudate and thereby relieves the tension—consequently the pain—and permits the flow of blood through the part, which is, obviously, the thing most desired.

Fifth.—It has been proven clinically that the parts over which it is placed absorb medicament from the compound, which acts as a powerful stimulant to the blood vessels and lymphatics, and thereby increases their vitality and action.

Sixth.—It is antiseptic and therefore especially indicated in the treatment of open wounds and chronic ulcers.

Seventh.—Its anodyne properties enable it to allay pain, which it does nicely, and the physician can, in a large measure, dispense with opiates with their deleterious effects.

Eighth.—A complete dressing furnishes compression, support, rest and protection to the injured part.

Ninth.—It is a poultice—does all that any hot poultice can do—supplies heat and moisture; and yet it is not a poultice, for it goes further—abstracts exudates and liquor sanguinis, is antiseptic, anodyne and nutrient, and lasts from twelve to forty-eight hours, and therefore is a much more permanent dressing than poultices of any description, and the patient is not subjected to the evil effects of irregular and too frequent poulticing.

Tenth.—The use of Antiphlogistine does not interfere with any internal medication.

Peculiarities

First.—When a dressing is removed, that part of it immediately over the inflamed area is frequently found to be moist, while every other part of the dressing is dry.

Second.—It would, from its general appearance, be classed with salves; but it is not a salve—is not greasy and will not permanently soil the finest fabric.

Third.—It will not evaporate, but will absorb moisture; hence, keep the lid on when not in use.

Fourth,—It is, at all reasonable temperatures, of the same consistency and never deteriorates.

Antiphlogistine Not an Experiment

For it has stood the test for nine years in the private, hospital and dispensary practice of thousands of physicians in all sections, who have verified our claims and adopted the medicine as a regular routine treatment for inflammatory conditions generally.

Packages and Prices

Our packages are seamless and sealed (air-tight), yet easily opened. The three sizes enable the physician to conveniently prescribe in each instance a full package, and by so doing know that the medicine has not been exposed and made less capable by absorbing moisture from the atmosphere.

Physicians' Samples

Upon receipt of 25 cents for expressage from any practicing physician who has not already received a sample, a one-pound package will be sent free. In making requisition for sample, send to our New York office.

The Denver Chemical Mfg. Co. 451-453 Washington Street

New York

"Clinical observation sometimes rudely disturbs our most cherished school-taught physiological dogmas."———



IN FROM TWELVE TO THIRTY-SIX HOURS IT WILL PEEL OFF NICELY LIKE THE PEEL FROM A BANANA.

Pneumonia, Bronchitis and Pleurisy

Can frequently be aborted by liberal applications of Antiphlogistine to the chest or thoracic walls, applied as hot as can be borne, fully an eighth of an inch thick and changed every twelve to thirty-six hours (that is, when the moisture in it has about all disappeared). In double pneumonia, the entire thoracic walls should be enveloped—front, sides and back—then covered with a hot cotton jacket. In many cases of Bronchitis the chest only need be dressed. For Pleurisy, apply well over and beyond the seat of the trouble.

"Applied hot and covered with the cotton and jacket, it supplies heat and moisture, and has within itself a powerful hygroscopic power which not only attracts the blood to the surface, but abstracts liquor sanguinis. Thus the congestion and pain are relieved, while the jacket and band practically put the chest in a splint—at rest. The heavy, sloppy flaxseed poultice cannot compare with Antiphlogistine, which gives derivative, scattering and soothing effects that ordinary poultices do not."

CHAS. DENISON, M. D., DENVER.

Appendicitis

"In addition to the internal means of depletion, Antiphlogistine is suggested as an external means. I believe that there is no reasonable doubt that Antiphlogistine, by virtue of its hygroscopic ability, has the power of local depletion. In the dressing I make the application from one-quarter to one-half of an inch thick, and over this bind a (not too thick) layer of cotton, outside of all placing a bag of hot water to keep up the warmth of the Antiphlogistine, which is heated before applying."

H. G. HARVEY, M. D., Denver, Colo.

Gynaecology

"Pelvic congestions, inflammations and many pelvic neoplasms may be permanently cured by using Antiphlogistine upon the abdomen and upon tampons properly packed within the vagina. I hope the suggestion may be useful to you."

FRANK W. HAVILAND, M. D., N. Y. City.



Inflammation of the Bowels

(Appendicitis, Peritonitis, etc.)

If not beyond the reach of medicines, Antiphlogistine, applied hot and as shown in cut, gives prompt relief.

Pneumonia

"I can safely say that Antiphlogistine is one of my main prescriptions in pneumonia and capillary bronchitis in children."

CHAS F. SAUTER, M. D., New Orleans, La.

Pneumonia (unresolved)

"A few months ago I had a case of pneumonia which did not 'clear up,' that is to say, the affected lung did not undergo the full restorative process customary after pulmonary inflammations. As a result there was a circumscribed portion into which the air did not enter, which doubtless would undergo a cheesy degeneration in the course of time and break down with all the attendant horrors of consumption. I tried absorbent medication in vain. The area defied all internal medication, and the external use of iodine produced no result except blistering. One of your representatives advised using Antiphlogistine, putting it on hot and liberally. I did so, and never met with more decided success in my life. The Antiphlogistine was applied a quarter of an inch or more in thickness. hot as the patient could stand it, covered with a layer of cotton and then secured with a muslin roller bandage. At first the dressing was changed every twenty-four hours: after a week's use, every forty-eight hours; after two weeks, every seventytwo hours. It was perfectly delightful after the first week to hear the air coming into the affected portion of the lung, very faintly at first, but with a steady and sustained progress that at the end of six weeks gave a respiratory murmur like the sighing of a summer breeze. It was a gratifying result, and I am pleased to make it known."

H. Enton, M. D., Brooklyn, N. Y.

Pneumonia

"I have placed my reliance almost wholly upon Antiphlogistine in the treatment of fifty-five cases of pneumonia occurring in my practice covering a period of three years, and all made a good recovery. I cannot but feel that a remedy is given the profession which will enable others, as it has me, to save the lives of more of their pneumonic cases, and they will be culpable if they refuse to recognize it."

ALFRED J. SCOTT, M. D., Milwaukee, Wis.

Cancer. From the Antipodes

"T. H., age fifty-three years, growth on inner margin of eyelid; pronounced epithelioma by competent surgeons and operated on once and cauterized many times, and each time returned with increased violence. I used Antiphlogistine for want of knowing what else to do, and to my surprise the growth has entirely disappeared (six months ago). The eyelid is perfectly well, and she suffers no inconvenience except lachrymation, due to closure of nasal duct."

J. FORD HAWES, M. D., Sydney, N. S. W., Australia.

Vaccination

"My son was recently vaccinated in Kansas City. His arm became badly swollen—alarmingly so. His physician prescribed Antiphlogistine, which gave prompt and effective relief."

J. P. Fouch, M. D., St. Paul, Kans.

"I have always considered the ordinary poultice irrational and unscientific, and many times thought if the proper thing could be devised—a suitable local application having something more than the properties of the ordinary poultice that could be worn constantly or almost so—the results would be most gratifying. Antiphlogistine is the *ideal*, truly a scientific product. I have used it constantly for six years where poultices were customarily used and in other cases, and I have never found it necessary or advisable to resort to the old methods. In the treatment of pneumonia, peritonitis, erysipelas, inflamed glands, etc., it is as far ahead of the ordinary methods as anti-diphtheritic scrum is ahead of the rest, comfort and sleep-destroying sprays and gargles in the treatment of diphtheria."

A. A. CLOUGH, M. D., Denver.

Summer Complaint, Broncho-pneumonia

"Almost invariably upon applying a nice warm dressing of Antiphlogistine in the broncho-pneumonia of children and in cholera infantum, the little sufferer immediately falls off into a peaceful and quiet sleep. This apparent hypnotic effect is probably due to increasing the capillary circulation and relieving the pain through the hygroscopic effect of the Antiphlogistine. Thus relieved, the muscular and nervous systems, which were on a constant strain, become relaxed, and sleep naturally follows. I assure you it has been most gratifying to me to see the improvement in the symptoms follow the securing of rest in this manner."

C. S. CLARK, M. D., Arlington, Kans.

Rheumatism and Gout

"The Antiphlogistine dressings had been used previous to the use of hot air, and they always became more or less moist, but after beginning the hot air they became positively wet, so the patient said that to pat the dressing with her hand was like patting cloth which had been soaking in water. After a week she came without the maid. She soon discarded the cane, and in the course of six or eight weeks could walk from twenty to thirty blocks without trouble."

L. A. COFFIN, M. D., New York.

Rheumatism, Synovitis

"I have used Antiphlogistine in inflammatory rheumatism and synovitis with very excellent results."

W. H. IZARD, M. D., Camden, N. J.



Synovitis

Especially traumatic, treated with Antiphlogistine applied as shown in the cut and changed every twenty-four hours, and the duration of the affection is a few days instead of a few weeks as under ordinary treatment.

Cancers

Beyond operative interference should be treated with Antiphlogistine, for it gives far more relief than could or would be expected from any other treatment.



Mastitis, Orchitis and Buboes

An inflamed breast improves rapidly when dressed with Antiphlogistine and properly supported. The same may be said of orchitis, buboes and other glandular diseases. Pain subsides, swelling reduces and resolution follows. If applied early, suppuration is not to be considered.

Cellulitis and Erysipelas

"I am prepared to prove conclusively that cellulitis and erysipelatous inflammations can be aborted in any case with Antiphlogistine alone, unless pus has formed in the subcutaneous areolar tissues."

WILLIAM E. THOMAS, M. D., Brooklyn, N. Y.

Herpes Zoster

"I wish to call your attention to Antiphlogistine as a remedy par excellence in herpes zoster; it relieves the intercostal neuralgia at once, also the itching and burning. This may be no news to you; however, I thought I would speak of it. I use a great deal of Antiphlogistine, and feel that you have brought to light a long-felt want."

J. B. BARKER, M. D., Fletcher, Ohio.

Boils, Pneumonia

"I've used Antiphlogistine in the treatment of boils, carbuncles, pneumonia, and in fact nearly every kind of inflammation with the very best results."

C. B. LEE, M. D., Scarborough, Tenn.

Carbolic Acid Burn

"Your Antiphlogistine did me excellent service in a case where the face was extensively and severely burned by carbolic acid."

D. W. DICKINSON, M. D., Des Moines, Ia.

Eczema

"Have used Antiphlogistine in several cases of chronic eczema with success. It is an excellent anodyne and relieves itching." F. F. JOHNSON, M. D., San Francisco, Cala.

Burn (Carbolic Acid)

"Young lady, hands and face badly burned with carbolic acid. Treatment, Antiphlogistine. Results, most gratifying." F. A. HANCOCK, M. D., Chicago, Ill.

"I have used Antiphlogistine with gratifying results in various phlegmasiae, such as crysipelas, septic finger, tonsilitis, furuncle, paronychia, puerperal salpingitis, pleuritis and pneumonia. I am highly pleased with it and can conscientiously commend it as the best local application I have ever used in a continuous practice of fifty years."

C. C. ABERNATHY, M. D., Pulaski, Tenn.

Conjunctivitis, Herpes

"I tried Antiphlogistine on a case of herpes located on the forehead, reaching well up into the hair. Applied it three times daily over the area of inflammation; result, cured in two days. I have also used it in cases of purulent conjunctivitis, applied over the lids, held in position with compress and bandage. I always supplement this treatment with some simple antiseptic eye wash, and have had the very best of results. I find Antiphlogistine is beneficial in all cases where a poultice is indicated, and I regard it strictly up to date and do not hesitate to endorse it for any form of inflammation."

J. E. COPENHAVER, M. D., Parvin, Texas.

"I have entirely abandoned the use of all kinds of poultices, both in cases of internal and external inflammatory conditions, in favor of Antiphlogistine, and would strongly advise all my professional brethren to do likewise, for I am positive that they will not be disappointed."

J. T. KNOX, M. D., Cincinnati.

Gangrene and Necrosis

"I have had excellent results from the use of Antiphlogistine, having prescribed it constantly with uniformly satisfactory results for over a year. One patient with gangrene and necrosed condition of tibia discharged cured after three weeks' treatment. Would especially recommend Antiphlogistine in erysipelas. I wish to thank you for having given the profession such a valuable and useful product."

E. COLEMAN BROWN, M. D., Brockton, Mass.

Frank Powell, M. D., St. Paul, Minn., writes:

"While the American Medical Association was in session here, you had a representative on the ground. Oh! but he was a talker! He came to my office time after time to interest me in your Antiphlogistine, but I had been wedded for forty years to flaxseed and slippery elm and was slow to recognize any medical merit in Colorado "mud"—but that fellow conquered me, and I don't even know his name! He left me samples—not just enough to simply poultice a finger felon, but a respectable supply—and now for results. Antiphlogistine has made me a convert. It is the best universal remedy in this country—or any other. Having a large practice, I have had ample opportunity to thoroughly test it and it never disappoints. It does all that you claim for it, and more. Thank, in my name, your persistent and unsquelchable agent."

For Frost-bites

There is no treatment equal to covering the parts with Antiphlogistine.



Erysipelas

If the parts are too sensitive to apply directly to the skin, then spread on cloth and apply; expect immediate improvement and you will not be disappointed.

In Burns

Of the first and second degree, Antiphlogistine should first be spread on cloth and applied gently. It forms an impervious covering, usually relieves instantly and reduces the likelihood of cicatrices to a minimum. "Antiphlogistine I have found a good cleansing application for indolent ulcers and inflamed lymphatic glands."

C. N. ELLINWOOD, M. D., San Francisco, Cala.



Inflamed Glands

In diphtheria, scarlet fever, tonsilitis and quinsy, Antiphlogistine depletes the enlarged glands, relieves the swelling and pain and adds very materially to the comfort and welfare of the patient.

"I have been using Antiphlogistine for the last year, mostly in cases of inflammatory rheumatism, acute bronchitis, abdominal inflammations and pneumonia with grand results."

W. D. McCarthy, M. D., San Francisco.

Gangrene, Milk-leg

"I am much interested in Antiphlogistine, as I have had several fine results from its use. Once in a case of milk-leg, where the imlammation was quickly reduced; another time in a case of inflamed toe in a diabetic patient, where it seemed as if gangrene and possible amputation would result, the Antiphlogistine reduced the inflammation when everything else had failed."

E. G. Morse, M. D., Boston, Mass.

Useful and Efficient

"I have quite often of late used Antiphlogistine in various pathological conditions and find it very efficient in relieving pain, reducing local temperature and other very unpleasant symptoms attending such cases. Its hygroscopic action renders it not only a reliable local anodyne, but really curative when properly applied. I consider it has a wide field of usefulness."

C. B. HARDIN, M. D., Kansas City, Mo.

Burn

"A Mrs. McK., who had a very severe burn some five inches in length and about three inches in breadth, on the lower third of the left leg, came to me for treatment. The parts were intensely swollen and painful, and had been treated with linseed oil for about ten days; but, instead of getting better, became infected and were gradually growing worse. I cleansed the parts, then applied Antiphlogistine, changing the dressing every forty-eight hours. Kept this treatment up for a week, when the parts had completely recovered without leaving a scar."

W. H. PARKER, M. D., Boston, Mass.

Croup

'I spread some Antiphlogistine on a piece of woolen cloth and applied it to the throat and neck of a child suffering from a severe attack of croup. The application was made at 10 o'clock, P. M. I saw the case again at 8 o'clock next morning, and great indeed was my surprise at the improved condition in the case, and to learn from the nurse how great had been the change in the character of the respirations and how soon it had taken place after the application of Antiphlogistine."

C. N. PALMER, M. D., Clyde, Ill.

"I have tried and am now using Antiphlogistine in a variety of cases and have secured excellent results. Ease of application and immobility make it very desirable in the treatment of pulmonary difficulties, especially in infants. I shall take great pleasure in recommending it to my friends."

J. N. MACLEAN, M. D., Bay Port, Mich.

Practical Ideas

On the Treatment of Pneumonia, Pericarditis and Tubercular Pleurisy.

By Edmond J. Melville, M. D., C. M., Bakersfield, Vt.

About a year and a half ago my attention was called to a new form of applying moist heat by means of a preparation called Antiphlogistine. I had discarded the poultice years before, not, however, without being aware of its therapeutical value in certain affections. Though skeptical, I was desirous of finding something possessing the virtues of the poultice, minus its vices, and made a trial of Antiphlogistine in a series of cases with favorable results. After an experience of eighteen months with the product I have come to the following conclusions:

t.—When a coating is applied over an inflamed area, or the skin area covering an inflammation in an internal organ, an afflux of blood takes place, thereby diminishing the pressure and arterial tension in the internal organ. 2.—The tissues are relaxed and the removal of the pressure from the sensory nerve filaments relieves pain at the periphery and very often the impression is conveyed to internal organs far removed and having no anatomical connection with the part where the Antiphlogistine is applied. 3. —Again, I have found that in tense, indurated swellings, one, or repeated warm applications of Antiphlogistine will soften the tissues and relieve the stasis, consequently tension of the inflamed part is lessened and resolution favored or the inflammation aborted. Even in cases where the stage of suppuration has been reached, as in suppurating boils and felons, I have seen the migration and multiplication of white blood corpuscles promoted and extrusion of the purulent contents hastened.

CASE 1.—Fibrinous Pleurisy; Miss C—— N——, aged 46; feeble health always. Family history of rheumatism and tuberculosis. Called January 8, 1900. Patient suffering from severe chill, lancinating pain in (Continued on page 22)

Conjunctivitis

Apply over the lids, and hold in place with compress and bandage. Change two or three times a day. One or two days' treatment will suffice.



Sprains

Usually recover under Antiphlogistine in a few days, for the circulation is kept active and the process of repair goes on rapidly.

Necrosis

These most obstinate and chronic conditions frequently yield rapidly under Antiphlogistine.

"I have used considerable Antiphlogistine, and there is a great deal to be said in favor of its use."

W. E. WAUGH, M. D., London, Ont.



Dysmenorrhoea

Apply a liberal hot dressing of Antiphlogistine twenty-four hours before the menses are due and the patient need not "take her bed and remain quiet" under the influence of opiates or other narcotics. This is certainly a grand treatment for those who are usually laid up for a day or two each month.

region of right nipple extending over a surface as large as the hand. Dry cough, scant expectoration streaked with blood, dry rales, temp. following chill, 103 deg. F., pulse 120, resp. 50. Patient propped up in chair to relieve tension on pleura. Bronchial breathing: friction rub present; no exudate discernible. Diagnosis acute fibrinous pleurisy. Gave epsom salts Ei to insure free purgation. Applied warm Antiphlogistine over the entire thoracic walls, front and back. At 10 P. M. I found that the patient had had a copious evacuation. Removed Antiphlogistine and applied a fresh coat. Pain and dyspnoa were greatly relieved, temp. 101, pulse 95, and patient was able to assume the recumbent position. January 9th (9 A.M.), patient was free from pain, temp. 99, pulse 84, resp. 22. She was very comfortable. No untoward pleural symptoms. Applied Antiphlogistine daily for three days, when recovery had so far progressed that further attendance was deemed unnecessary.

CASE 2.—PNEUMONIA AND PERICARDITIS: H. D., aged 60, hotel keeper, heavy eater and drinker. Contracted a well-defined attack of unilateral pneumonia of left lower lobe, May 5, 1900; severe chill lasted over an hour. Temp. 105, pulse 104, resp. 38; tongue coated, foul-smelling breath, consolidation over posterior portion of left lower lobe. May 7th, cough and rusty sputum; other symptoms practically unchanged. Ordered rest. liquid diet, and, in short, gave usual treatment for pneumonia. May 8th, 5 A. M., patient had another severe chill and pericarditis with effusion supervened with severe pain in left axillary region. Temp. 105, pulse 140, weak and intermittent. Dislocation of heart beat to right of sternum. Dyspnæa out of all proportion to extent of effusion. Patient delirious and tossing about in great mental and physical distress. Enveloped area, well over and around the site of pain and effusion with a coating an inch thick of warm Antiphlogistine. Placed patient on as dry diet as possible and gave a capsule containing strych. I 20, glonoin I 50, pilocarpine I 10 every 3 hours. Changed Antiphlogistine every 8 hours

for the first 48 hours, then every 24 hours for 3 days following. Watched symptoms closely, and under this line of treatment patient showed immediate and continuous improvement. May 10th the symptoms had become so favorable that I considered the danger over. Pain was pretty well under control before second application began to dry. Pulse beats became slower, less intermittent and increased in volume. Temp. dropped 3 deg. in as many days and the effusion began to disappear. Lastly, and most marked of all, the dyspnœa was relieved. The epsom salts produced copious liquid discharges, the glonoin and pilocarpine produced free diuresis and diaphoresis and thus aided materially in absorbing the liquid from the lymph spaces in the pericardium. May 12th, 11 A.M., patient sat up in bed. Temp., pulse and resp. were normal. Lungs and heart acting well. In three weeks patient was practically as well as ever.

Case 3.—Tubercular Pleurisy; Mr. R.— S—, aged 65. Contracted tuberculosis in spring of 1900. Saw him in June of 1900, when he was suffering with an agonizing pain in right axillary region from an aggravating pleurisy of six weeks' duration. Opiates had been given without avail, and blistering, cupping and strapping gave only temporary relief. Excessive doses of morphine only partially relieved pain. Applied coating of warm Antiphlogistine to affected part and next day found patient had rested well, notwithstanding the fact no opiate had been given. Each application was peeled off at the end of 24 hours and a fresh coat applied.

The disease steadily progressed, however, and the patient succumbed in October to general tuberculosis. I report this case merely to show that Antiphlogistine's remedial value is of much consequence, even in hopeless cases, where our patients' dying hours may be soothed without blunting their reasoning faculties.

While I should not wish to say, as yet, that Antiphlogistine used often and early will abort pneumonia, pleuritis and pericarditis, I can safely say that it is the most valuable agent I have yet used to shorten these diseases. "I brought some Antiphlogistine with me from Chicago last November. It will soon be gone. I enclose original draft for five pounds' worth, which send by first express to England."

ARTHUR ROBERTS, M. D., Kingswood House,

Princess Square, Harrowgate, London.



Leg Ulcers

Many cases of leg ulcer of from five to twenty years' standing have gotten well under Antiphlogistine in a few months. In these cases all the indurated and swollen parts should be covered with the dressing and held in place with a firm band age, that the parts may have the proper support. The secret of Antiphlogistine's success here is largely due to its abstracting the fluid exudate and permitting a free flow of blood through the parts.

Ulcers, Boils, Septic Finger

"Antiphlogistine has accomplished wonders for me. An old ulcer disappeared under Antiphlogistine when all other things failed. Am using it at present upon a septic finger with brilliant results. Boils disappear readily under an application of Antiphlogistine."

EDWIN C. HIXON, M. D., Cambridge, Mass.



Felons

Antiphlogistine is a specific, if applied early. To get best results it should be changed three or four times a day.

"I have used Antiphlogistine extensively as a general dressing in inflammatory conditions for the past two years and find it very satisfactory."

W. W. HALE, M. D., Des Moines, Ia.

Partial List of Jobbers Carrying Antiphlogistine.

Eastern Drug CompanyBoston, Mass.	W. R. Warner & CoPhiladelphia, Pa.
Manager Part of Canada Manager	Matthews Prog & Co Secutor Po
Weeks & Potter CoBoston, Mass.	Matthews Bros. & CoScranton, Pa.
Gilman Brothers Boston, Mass.	1. B. RaserReading, Pa.
Carter Carter & Meios Boston Mass	P. M. Zeigler
Carter, Carter & MeigsBoston, Mass. H. & J. BrewerSpringfield, Mass.	C W Hall Language Pa
H. & J. BrewerSpringheid, Mass.	G. W. HullLalicaster, Pa.
Chas. P. AldenSpringfield, Mass.	Wm. Stahler Drug CoNorristown, Pa.
Ruffington PharmacyCo, Worcester Mass	P. M. Zeigler Reading, Pa. G. W. Hull Lancaster, Pa. Wm. Stahler Drug Co. Norristown, Pa. Dale & Co. York, Pa.
Chas. P. Alden. Springfield, Mass. Buffington Pharmacy Co. Worcester, Mass. Brewer & Co. Worcester, Mass. E. S. Anthony Co. Fall River, Mass.	UI C tal 9- C- W1 D-
Brewer & Co Worcester, Mass.	Wm. Smith & Co
E. S. Anthony Co Fall River, Mass.	E. K. Thompson & Son Titusville.Pa.
Davis & YoungLynn, Mass. G. L. Claflin & CoProvidence, R. I.	Carpenter & PierceTroy, Pa. Gilpin, Langdon & Co Baltimore, Md.
C I Cl-die % C- Describer D I	Citain Laundan & Co Daltinana Md
G. L. Clanin & Co Providence, R. I.	Gipin, Langdon & Co baitimore, Md.
Blanding & BlandingProvidence, R. I.	Muth Bros. & Co Baltimore, Md.
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J. G. Gregory, M. D., Norwalk, Conn.



Boils

Spread the Antiphlogistine on cloth, warm and apply as shown in cut. If stasis and death of cells do not already exist, there will be no suppuration, but resolution.

That physicians may know the medicine has not been exposed and made less capable by absorbing moisture from the atmosphere, they are requested to prescribe in each instance an original package.



This cut shows our Small (10½ oz. net), Medium (17½ oz. net) and Large (34½ oz. net) Packages, wrapped and unwrapped, each of which is sealed yet easily opened.

Leg Ulcers

Gentlemen :-

I herewith report results from use of Antiphlogistine.

Case No. 1.—Mrs. C., age 60, had weak ulcer on left leg, size 1½ by 2 inches. Was dressed with Antiphlogistine, spread on lintine ½ inch thick, daily for 7 days, when the ulcer was entirely healed.

Case No. 2.—Miss A., age 19, had cellulitis of leg, which was swollen to twice its normal size and very painful. Leg was dressed daily with Antiphlogistine spread over entire surface with spatula, ½ inch thick. This was covered with four thicknesses of gauze and held in place by muslin bandage. The pain almost immediately subsided. After five applications swelling had entirely disappeared, and with exception of one or two small points of tenderness (which disappeared three days later with no further treatment except fine muslin bandage), patient had recovered. I am sure that Antiphlogistine saved her from having to undergo operation.

CASE No. 3.—Mr. O., age 30, had varicose ulcer 1½ inches in diameter, extending nearly around right leg. Dressed with Antiphlogistine daily with marked daily improvement. On 4th day he consented to skin-graft and the operation was performed, the sore being in excellent condition for same.

Case No. 4.—Mrs. T., age 65 (Chronic Bright's), legs very cedematous. Had weak ulcer on right leg, 1½ by 3 inches; on left leg, 3½ by 5 inches. Patient put to bed and Antiphlogistine applied daily, with result that right leg was entirely healed at end of 9 days, and left leg at end of 16 days was so far recovered that only a spot about 1 inch in diameter remained. At this point Antiphlogistine gave out; ulcer subsequently dressed with weak solution Tincture Myrrh and went on to complete recovery.

Yours very respectfully,

J. H. Conklin, M. D., House Surgeon,
City, Maternity and Epileptic Hosp.,
Blackwell's Island,
New York.

ANTIPHLOGISTINE

WARM AND THICK

EXPECT IMMEDIATE, DECIDED AND DEFINITE RESULTS

For when within $\frac{1}{64}$ of an inch or less of the circulating blood, it maintains a uniform degree of temperature for from 12 to 24 hours or more; provokes an abundant flushing of the capillaries; apparently through exosmosis a profuse serous transudation, thus depleting the parts, and through endosmosis a stimulating, local, alterative, soothing and tonic effect upon the affected lymphatics and other tissues. With such processes continuously at work, Inflammation of

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Poisoned Wounds Pneumonia Chronic Ulcers Orchitis Dysmenorrhoea Bronchitis Buboes Felons Pleurisy Pelvic Inflammation Tonsilitis Sprains Osteitis Piles (external) Burns Inflamed Breasts Boils Synovitis Tumors Erysipelas Periostitis Frost-bites Peritonitis Tubercular Pleurisy Stings Rheumatism

AND FOR ALL CASES WHERE INFLAMMATION OR CONGESTION IS PRESENT AND A LOCAL MEDICINE IS INDICATED

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Antiphlogistine is carried in stock by wholesale druggists everywhere. You ought to be able to obtain it promptly in the regular way failing to do so, we will express it to you, prepaid, upon receipt of price.

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